Senior Citizens' Secretariat
Newsletter

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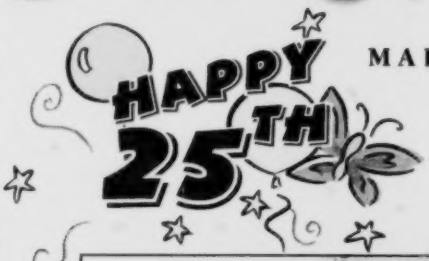

Celebrating 25 Years

by Valerie White

It was 25 years ago this Spring that the Nova Scotia Senior Citizens' Secretariat was created. At the time the staff consisted of Dr. F.R. MacKinnon and Secretary Lesley Partanen. A position of Coordinator was created, and in October 1980 I was excited to accept this new challenge.

Valerie White, Executive Director, and the Hon. Angus MacIsaac, Chairperson, Senior Citizens' Secretariat, help kick off the Secretariat's 25th year. Staff (L-R): Karen Kelloway, Nancy Radcliffe, Heather Praught, Jane Mayer, Stephen Coyle, Jane Phillips, Mary Boutilier, and Marguerite McMillan.

Through the years our staff and the number of accomplishments have grown to where we are today. From the first Nova Scotia Seniors' 50+ Expo in 1990 to the many committee meetings, conferences and public forums on topics related to aging, we have come a long way in those 25 years.

We are here to ensure seniors have a voice and direct access to government. Over the years we have worked hard to fulfill this goal. The infrastructure and the way in which we work with non-profit seniors' organizations is the envy of many other jurisdictions in Canada.

We now have a book to commemorate some of the Secretariat's historical achievements. The Empowerment of Seniors in Nova Scotia (2004) was co-authored by former Senior Citizens' Secretariat, Director, Dr. Fred R. MacKinnon and his colleague Robert G. Haley.

The book provides a history of the seniors' movement in Nova Scotia since the creation of the Secretariat and clearly demonstrates the role it played in developing policies, programs and services for seniors.

I am very proud of the work that has gone into this book by Dr. MacKinnon, Bob Haley and the staff here at the Secretariat. It speaks to how much we have achieved and is a good foundation on which to continue.

Looking ahead, we are taking the lead on the Task Force on Aging. The "Strategy for Positive Aging" will be released in the spring and will serve as the framework for planning over the next decade and beyond. In the coming year, we will lead Phase II of the Task Force with the development of a detailed action plan that will identify priorities, partnerships, the agency/

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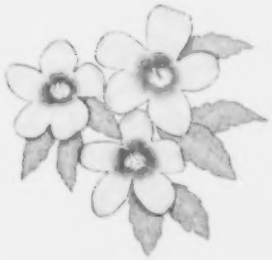

department responsible and the time lines associated with the new programs and services that will be required to meet the changing needs of an aging population.

Finally, we are pleased the federal government announced in the recent federal budget that it is creating a Seniors' Secretariat. It will be interesting to learn more about how the Federal Seniors' Secretariat will be structured. The range of programs being proposed — increased income, affordable housing, caregiver tax credits, and mentoring programs — will have a tremendously positive impact on the lives of seniors.

These are exciting times. We look forward to meeting new challenges with enthusiasm and creating new opportunities to work with and on behalf of seniors in Nova Scotia.

Valerie

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.
E-mail scs@gov.ns.ca
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Elder Abuse Needs To Be Recognized

by Valerie White, Executive Director of the Nova Scotia Senior Citizens' Secretariat.

Family Violence Prevention Week (held Feb. 13 to 19) provided Nova Scotians with an important opportunity to recognize and talk openly about elder abuse and to emphasize that abuse can happen to any senior.

The best information we have is that between four and seven per cent of Canadian seniors are abused. However, because abuse and neglect are thought to be seriously under-reported, these figures are often challenged.

Abused older persons come from all educational levels and social, economic, and ethnic backgrounds. They live in communities right across our country. The impact of elder abuse — whether it stems from neglect, physical abuse, sexual abuse, emotional abuse, or financial abuse — can be devastating. Abuse can lead to declining physical and mental health, depression, and even suicide.

Most abuse is committed by someone the senior knows, such as a family member, friend, caregiver, landlord, or care provider. Some seniors are more at risk than others, including older seniors, socially isolated seniors, seniors with reduced cognitive capacity, seniors with disabilities who are dependent, and seniors cared for by people with an alcohol or drug problem. Women are also more likely to be victimized than men.

There is much to learn about the abuse and neglect of seniors including why it happens, how often it happens, why it's not reported, and the role of factors like gender, dependency, isolation, and disability. Elder abuse and neglect are issues that need solutions involving all sectors of society.

The government of Nova Scotia has committed to the implementation of a five-year elder abuse prevention strategy. With leadership from the Nova Scotia Senior Citizens' Secretariat and its Elder Abuse Prevention Strategy Committee, more than 30 concerned government and community partners and stakeholders have joined together to implement the strategy. Across this province, there are many other individuals and organizations dedicated to this cause who also want to help.

This year, the Elder Abuse Prevention Strategy Committee has identified the raising of awareness about elder abuse and the prevention of financial abuse (thought to be the most common type of abuse) as its priorities.

Seniors need to be aware of their rights and know that they can get help. Families and friends need to be able to recognize signs of abuse and to reach out to those being mistreated or at risk of abuse.

For more information about elder abuse, please contact:
Senior Citizens' Secretariat, toll-free, at 1-800-670-0065.

If you suspect a senior is being abused, don't ignore the signs. Discuss the situation with the individual and suggest counselling, resources, and support services. Get outside help, if needed, from social services, legal services, or police. If the situation is an emergency, call 911.

If you know of a vulnerable senior in need of protection, call Adult Protection Services, Nova Scotia Department of Health at 1-800-225-7225.

All of us can help eliminate elder abuse by disclaiming all forms of violence, talking openly about the issue, and working to build safe communities.

ACCESSIBLE HOUSING

Accessible Renovations

by Ron Swan, President, Home Safe Living Inc.

Home Safe Living Inc. is a new Nova Scotia company that has developed a unique business concept clearly aimed at the growing needs of senior citizens and persons with disabilities. From its business location in Paddlers Cove, 300 Prince Albert Road in Dartmouth the company provides accessible home renovations and home medical equipment to make its customers' homes, often two-story, more accessible, comfortable and safe.

Home Save Living applies a solution approach to home accessibility and safety. The company uses an assessment tool that was developed through a research grant from CMHC. The tool helps assess the person's autonomy to carry out activities of daily living in their home, provides for an analysis of the home, and then provides recommendations for adaptive modifications and assistive devices. This is done in consultation with the resident, their family and healthcare professional.

Once completed, our customer and their family can feel assured that changes to make their home more accessible, comfortable and safe will be carried out professionally. Home Safe Living provides the appropriate home medical equipment and the right contracted trade's people from an approved list of carefully screened individuals and companies. Home Safe Living is the single point of contact ensuring all products and renovations meet contract specifications.

We believe our approach to helping seniors and persons with disabilities is unique. Home Safe Living is devoted to helping seniors and persons with disabilities make their homes more accessible, comfortable and safe by respecting their desire for independent living. Visit our website at <www.homesafeliving.com> or call 404 SAFE (7233) today for more information or a free home assessment.

Home Sweet Home Accessible Design: Prepare for the Payoff

by Ron Wickman (adapted from the original version)

The Canadian Mortgage and Housing Corporation (CMHC) has indicated that by 2031, the number of Canadian seniors in the 75-plus age group will grow by 277 per cent—to about four million from 1.5 million in 1995. The number of seniors over age 85 will more than triple, to over one million. Our baby boomer population has been driving the Canadian housing market for the past 25 years, and they will continue to do so as they retire and move into old age.

Just how are we going to accommodate this generation?

I emphasize three key design features that allow for a dwelling to be more adaptable, accessible and affordable:

- providing for easy wheelchair access to enter a dwelling;
- providing for easy vertical wheelchair access within a dwelling; and
- providing for a wheelchair accessible bathroom.

I have completed drawings for over 50 accessible home renovations. I know from experience that these three concepts have the greatest influence on the degree of difficulty and expense of a home modification. Most Canadian homes have a ground-level-to-main-floor distance of at least two feet.

Interior stairs are often narrow, turn 90 to 180 degrees, or curve, and bathrooms are often too small for someone in a wheelchair to use. With these conditions, an accessible home modification always involves an expensive addition—and sometimes city or town bylaws will not allow for one.

Entrance. Providing for on-grade access at a dwelling's entrance is an easy task to complete. For attached garages, the garage-floor level should be even with the main-floor level. This eliminates the need in the future for ramps or mechanical lifts, both of which are costly and often difficult to aesthetically "fit" with an existing dwelling.

Vertical Access. In a flexible home design, I always allow for at least three feet of width in the staircase. At least 5'0" x 5'-0" of space should be at the top of the stairs, and at least 5'-0" W x 8'-0" L of space should be at the bottom this will allow for the future installation of a wheelchair-accessible stair platform lift. Another great idea is to construct an elevator shaft within a new dwelling design. This is essentially a six-foot shaft space that can be used as storage closet space until an elevator is required.

Bathroom. A wheelchair-accessible bathroom should be at least ten feet by ten feet. The most common standard bathroom configuration is five by eight. In the FlexHouse project that I built with Habitat for Humanity, I designed for a wheelchair-accessible bathroom that is seven by eight feet. This is not the ideal—however, it works!

There are many other issues to consider when planning an accessible home modification, such as parking, doorways, hall widths, closets, kitchen, laundry and flooring. However, these typically do not affect a home modification to the same degree as the three areas described above.

To make adaptable, accessible, and affordable housing more commonplace, the general public must be more demanding of FlexHouse features. They do not cost much more at the initial time of construction. Down the road, the investment may payoff—many times over.

Edmonton architect Ron Wickman
can be reached at rwickman@shaw.ca
or (780) 430-9935.

Source: Abilities, Issue 61, Winter 2004

MSVU to Lead New Study on Seniors' Housing Needs in Atlantic Canada

Every minute of every day another baby boomer turns 55 in Canada. The Atlantic provinces have more seniors per capita than any other part of the country and that number is growing faster than anywhere else in Canada. How will governments in this region handle this challenge?

That is the focus of a new $1.2 million research. The study, **Projecting the Housing Needs of Atlantic Canadians**, brings together seniors, academics, service providers, housing developers and government departments from all four Atlantic provinces to determine how to meet the housing needs of this rapidly aging population.

"The single greatest mistake we could make today would be to assume that the coming boomer age wave will act in any way like today's seniors or accept what currently exists," says Don Shiner, Associate Professor at MSVU and lead investigator of the research project. "If we understand how and why aging persons will make future decisions, we can better prepare to evolve our responses to these needs. Our project will match these needs, both with what exists now and with what might exist in the future."

Funding for the study comes from a $1 million dollar grant from the Social Sciences and Humanities Research Council of Canada—Community-University Research Alliance

(CURA) program. An additional $181,000 comes from the Nova Scotia Department of Community Services, the Canadian Mortgage and Housing Corporation, Dalhousie University, the University of Prince Edward Island, Memorial University of Newfoundland, the University of New Brunswick and MSVU.

"We have a history at Mount Saint Vincent University of partnering with members of our community on innovative projects that address the challenges of today and tomorrow," says Dr. Sheila A. Brown, MSVU President and Vice-Chancellor. "With MSVU's Nova Scotia Centre on Aging and Canada Research Chair on Aging and Caregiving Policy we are committed to research that shapes public policy, supports community initiatives and helps ensure that individual seniors have access to the services they need."

The research will result in policy recommendations that will be used to assist government decision makers, housing developers and community organizations in designing and planning for seniors' housing needs over the next 20 years.

One of the strengths of this project is its lager and diverse partnership. Three dozen organizations are participating in the project. In Nova Scotia, participants include The Nova Scotia Senior Citizens' Secretariat, Mount Saint Vincent University, Nova Scotia Centre on Aging, Nova Scotia Department of Community Services, VON, Federal Superannuates National Association, Regroupement des Aînées et Aîné s de la Nouvelle Écosse, GEM Health Care Group, Metro Community Housing Association, Maritime Data Centre for Aging Research and Policy Analysis, Shannex, Nova Scotia Group of IX Seniors' Organizations, Canadian Pensioners Concerned Nova Scotia, Canadian Mortgage and Housing Corporation, Mortgage and Housing Corporation, Canadian Association for Community Care, Continuing Care Association of Nova Scotia, Nova Scotia Department of Health and Dalhousie University School of Occupational Therapy.

Six Secrets to a Wheelchair Accessible Kitchen

by Ina Mae Brooks

PLANNING A WHEELCHAIR ACCESSIBLE KITCHEN THAT IS functional and attractive is like creating a recipe for a cake. Constructing or remodelling is like baking it. You know what your ultimate intention is — how you want this vital work room to function and look — but that is not half the task.

My husband, Charlie, and I remodelled our kitchen for accessibility, but we learned how the hard way.

I'm not an architect or an interior designer. But I am a woman who has lived all her life with a physical disability. Over the years, we have made most of our home accessible, modifying entrances, floors and bathrooms.

We needed a kitchen where I could work independently or alongside my husband. No architects in our area had experience modifying homes for accessibility. I planned my own kitchen, gathering ideas and illustrations and fashioning them into makeshift designs.

Learning was fun. I discovered what to look for in sinks and stoves, how these appliances fit into cabinetry and what dimensions were needed. Only then did we shop for appliances. We removed at least six barriers, and now Charlie and I can work together in the kitchen.

Design. Do kitchen cabinets and appliances block your wheelchair? Are you finding no architects or interior designers in your area who can help you? How do you make a kitchen accessible? Can you really design a barrier-free kitchen yourself?

Don't let the magnitude of this project intimidate you. You *can* do this. Learn what others did and adapt their ideas. Study kitchen design magazines, and in particular look for features about people who sit down to work. Clip colourful illustrations and self-help articles. Take advantage of the Internet. Study

disability websites that feature accessible kitchens. Print the how-to articles showing cabinet designs and specifications. Consult with environmental specialists, incorporating their ideas into your plans. Compile the ideas and select those most likely to work. Make rough sketches of the kitchen you envision.

Cabinetry. How do you design custom-made cabinetry? What do you look for when hiring a building contractor and cabinetmaker?

Study those of your resources that include detailed steps to modify kitchens. Consult your provinces' building standards. When you hire a builder, consider his or her attitude first. Does your builder seem open to the idea of developing a non-traditional kitchen, and is he or she sensitive to your limitations? Check references. Then consider reputation, skill, cost and availability.

Sketch each unit on a separate sheet of drafting paper, as close to scale as possible, showing both front and side views. 'lame your units and describe details not obvious in the drawings. Add magazine pictures and other illustrations. Then combine the units into cabinet runs. Discuss the kitchen design with the building contractor as part of the interview, and listen to his or her ideas. The contractor can recommend a cabinetmaker. Seek craftspeople who can say, "Show me a detailed sketch, and I can build it."

Work Surfaces. How can you plan work surfaces low enough to work from and that accommodate your wheelchair? What dimensions will you need?

The first thing to do is to have someone measure you while you are seated in your wheelchair. For the height of base cabinet work surfaces, sit with your arms on the chair armrests, and measure the distance from your elbow to floor. The surfaces of modified cabinets may be 32 inches high. Standard is 36 inches.

For the dimensions of the roll-under areas, measure the width of the chair, armrest to armrest, plus four extra inches. Determine the height by measuring from the top of your lap to the floor, plus four inches. Many chairs roll into openings 24 inches wide and 28 inches high. To determine the ideal depth of the sink's basins, measure the length of your arm, elbow to wrist. That figure will be the ideal depth for your sink basins, and those basins may be as shallow as seven inches.

For the proportions for the base cabinet toe kicks, sit with your feet on the chair footrests. The height of the toe kick equals the distance from your shoe top to floor plus an extra inch. For the depth, measure the length of the footrest, extending beyond the front wheels. Toe kicks may be up to 11 inches high by 7 inches deep.

Appliances. What features do you look for when purchasing sinks and stoves? At what stage of design and construction should you purchase appliances?

When shopping for appliances, consider the styles, colours and prices, of course — but for your accessible kitchen, you will need to consider additional features and dimensions as well. Go shopping for the appliances soon after the contractor gives you the project's starting date. Craftsmen will likely need to measure the stove and sink themselves; their work depends on accuracy. Plus, the appliances you want may have to be special-ordered.

To avoid reaching across stove burners, purchase an electric range top with controls near the front or to the side. Look for one with electrical components that do not extend into the roll-under space more than three inches.

Your ability to use a sink depends on the depth of its basins. If basins extend into the roll-under space, the wheelchair cannot fit under the sink. Shop carefully - wheelchair accessible double-basin kitchen sinks featuring a shallow depth and drain hole near the back are available from plumbing supply stores.

Plumbing. It's unsafe to roll under a sink with exposed hot water pipes. How can you cover the plumbing in a way that is safe but can still be accessed for servicing? In many cases, most of the sink's plumbing can go behind the wall. The rest of it can be installed inside the room as close to the wall as possible, allowing for roll-under space. Hide unsightly plumbing behind a cover that will protect the chair user. But design the cover to be easily removable, such as by attaching its supports on the sides of the cabinet using easy-to-remove screws.

Base Cabinet Storage. How can you access the shelves in the back half of base cabinets?

Consider installing storage drawers in the base cabinets in place of shelves. These provide additional work space, and can even include pull-out cutting boards. Design deep storage drawers with tall fronts. Insist on heavy-duty rollers that operate smoothly. Ensure that any pull-out boards are at a convenient height for the chair user.

Ina Mae Brooks is a freelance writer living in Lamar, Montana, U.S.A.
Source: Abilities, Winter 2004

HEALTH MATTERS

No Hike in Pharmacare Fees

Nova Scotia seniors don't have to worry about paying an increase for their Pharmacare premiums. Health Minister Angus MacIssac announced March 2 that the government will pump an extra $14.2 million into the program to avoid rising the annual fee for seniors.

Mr. MacIsaac said all drug plans are experiencing increases in prices but that this year extra Pharmacare costs would be paid for by the government.

"We know, for many seniors, any extra cost is a burden," he said.

Group of IX president Phil Hughes said he was pleased the minister listened to the recommendations his umbrella organization gave.

"This is a firm commitment from the provincial government to give Nova Scotians what is one of the most affordable seniors' programs in the country," he said.

The Group of IX represents 120,000 seniors including the Canadian Pensioners Concerned, the Canadian Association for Fifty Plus, retired teachers and provincial employees.

Seniors will receive a registration package in the mail at the end of March. They must fill out the forms and renew their coverage by April 15.

"It's very important that seniors read the information in the packages and fill out the forms so that they can continue to receive the benefits," said Emily Somers of the Health Department.

"We want to make sure everyone who is entitled to the benefits gets them."

The Seniors' Pharmacare Program is cost-shared by the Department of Health and seniors age 65 and older. Those who receive the guaranteed income supplement (GIS) are exempt from paying premiums. Others pay a reduced amount based on their income. Some will see the premium waived entirely.

The full premium of $390 per year can be paid in one lump sum, in quarterly, or, in monthly payments. That allows seniors to receive the benefit of not having to pay the full cost of prescription drugs.

Once they are enrolled, seniors pay 33 per cent of a prescription cost up to $30 at the most for a prescription directly to their pharmacist. The most seniors will pay a year for prescriptions is $350.

Register Now

Seniors are eligible for Pharmacare if they are 65 and a Nova Scotia resident who is covered by MSI. You do not have drug coverage through

Veterans Affairs Canada, First Nations and Inuit Health or a private drug plan already.

It's important to renew your Pharmacare by April 15. If someone has turned 65 this year, they will have received an information package in the mail two or three months prior to their birthday. If a senior has recently moved to Nova Scotia, they must first apply for and receive MSI coverage before they can apply for Pharmacare.

If a senior waits to apply for Pharmacare, they could have to wait 90 days for coverage to start and pay one and a half times the premium for coverage for the next five years.

Seniors can find out more about the program by contacting the Department of Health at either 429-6565 or 1-800-544-6191.

Need New Knees?

What to ask before joint replacement surgery

If the thought of climbing a few stairs makes you grit your teeth in anticipation of the pain, you may be one of more than 45,000 Canadians who will undergo total hip or knee replacement surgery this year. Orthopedic surgeons are seeing record numbers of people whose daily lives are impeded by osteoarthritis, brought on by old sports injuries, genetics or just plain stress (after all, during everyday activities like rising from a chair, the hip joint bears more that three times your body weight!). According to figures from the Canadian Institute for Health Information, the number of total hip and knee replacements jumped nearly 40 per cent between 1994/95 and 2001/02.

Of course, thanks to those record numbers, months can elapse between the day you book your first consultation with a surgeon and the day you're rolled into the operating room. Sure, it's no fun to wait, particularly when you're in pain - but that doesn't mean you can't make use of the time. Doing your homework long before you're admitted to hospital will make your recovery smoother and get you back on your feet faster.

Here are some questions to ask your health care team when you're preparing for a joint replacement, and where to find more information. Some of these questions you can ask your doctor, others you may want to save for the health professionals who run the day-long education sessions you'll likely attend at the pre-operative clinic, four to six weeks before surgery.

When should I start physical therapy?

Can you suggest a physiotherapist?

How often will I need to go for physio?

How soon after surgery will I be able to resume my normal routine, and what kinds of activities will I be able to participate in after I recover?

How long can I expect my new joint to last?

What's the success rate for this type of surgery?

Apart from failure, what are the risks?

Do I need to stop taking any of my medications before surgery?

Will I need extra tests because of other health problems?

Will I need a blood transfusion?

Will I need to take additional medications after surgery?

What kind of preparations do I need to make for recovering at home?

For more information and answers to these questions contact:

Canadian Orthopaedic Foundation
<www.canorth.org>
Walk down the 'care path,' print out checklists (questions to ask about your recovery; things to do before surgery), read the latest news in orthopedic research, volunteer for Hip Hooray, or find out how to join the patient advocacy campaign.
1-800-461-3639

American Academy of Orthopedic Surgeons
<www.aaos.org>
Patient information that explains risks of surgery, outlines how operations are done (look in 'Public Information' section—click on the skeleton to search by 'body part').

Source: Adapted from Good Times, January 2005

Using Physical Exercise to Enhance the Health of Adults 65+ who are Family Caregivers

Final Report - June 2004

Maintaining cardiovascular health, endurance, flexibility, strength and balance are essential to healthy aging. According to *Canada's Physical Activity Guide for Older Adults*, the benefits of regular physical activity include:

- better functioning and the ability to move with fewer aches and pains, even for persons with physical limitations and chronic conditions;
- more energy;
- better posture and balance;
- stronger muscles and bones;
- relaxation;
- reduced stress;
- reduced risk of many health conditions such as heart disease, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression and even premature death; and
- improved overall felling of well-being.

What does this mean for caregivers who are adults 65+?

Economic realities suggest that early discharge from hospital, and escalating demands on home care programs, have resulted in the need for additional support for adults 65 years of age and older (adults 65+) to maintain some level of independence. Often, instead of being discharged to a convalescent setting, patients return home while still requiring treatment and support. Although provinces and territories have home care programs in place, available services - in the form of nursing, personal care, homemaking support, transportation, volunteer visiting and palliative care—are frequently not sufficient. Family caregivers often provide the additional needed support. Access to respite for caregivers can be limited by numerous barriers, including: geographic isolation; excessive bureaucratic red tape; and financial or human resource limitations within the system.

All too often, family caregivers find themselves in the role of primary caregiver, trying to manage with less than adequate support from the formal health system.

On any given day, 2 million + Canadians provide some form of care to a family member, such as bathing, toileting, dressing, feeding, assistance with bed-to-chair transfers, supervision of medications, transportation to and from appointments, shopping, errands, supervision and emotional support.

Family members may need to take extended leave from their jobs to provide care or, in some instances, take early retirement to do so.

Caregivers' responsibilities can be both physically demanding and emotionally stressful, leaving little or no time to pursue their own interests or to maintain any sort of social life.

Many family caregivers are adults 65+ who may have chronic health conditions.

Caregivers may not have ready access to activities that promote self-care; this can compromise their own health and the well-being of the family member for whom they provide care (the care receiver).

Family caregivers' own needs for leisure, recreation and physical activity need support.

Although the benefits of regular exercise are obvious, putting theory into practice can be especially challenging for those adults 65+ who

are also family caregivers, given the added demands on their time and energy. Caregivers trying to build regular physical activity into their busy schedules face a number of potential barriers, including: finding time and energy for regular physical exercise; locating an exercise program that is appropriate, appealing and accessible; and arranging transportation and alternative care. The consequences of physical inactivity can be significant for the caregiver's health and well-being, and for that of the care receiver. Ultimately, these consequences can lead to more demands on the formal health system.

For more information contact:

Canadian Association for Community Care
1 Nicholas Street, Suite 712
Ottawa, ON K1N 7B7
Tel: (613) 241-7510
Fax: (613) 241-5923
E-mail: infor@cacc-acssc.com
Web site: www.cacc-acssc.com

Depression and Pain

People who are depressed may feel pain more severely than someone who is not depressed, say researchers.

When a group of people who had arthritis were treated for their depression, their arthritis pain greatly improved along with their moods. The link is not just mental, say researchers. Some of the brain chemicals that are depleted in people with depression also are important for suppressing pain signals.

Source: Journal of the American Medical Association, Vol. 290, Pg. 2428

Genes and Lifestyle in Alzheimer's

Researchers looking at identical twins found that if one developed Alzheimer's, the other did, too.

But what really intrigued scientists was that one twin might show symptoms at age 65, while the other didn't show symptoms until 85. Why the difference? It may have to do with lifestyle.

Researchers speculate that a heart-healthy diet and regular exercise might not only help prevent heart disease, but may avoid or delay —Alzheimer's symptoms as well.

Strategies

Eat a diet that includes healthy fats like olive and canola oils and fatty fish, and up to 10 servings a day of fresh fruits and vegetables. Limit saturated and trans fats, found in meat, full-fat dairy, and hydrogenated vegetable oils. Also limit salt, since it can raise blood pressure in many people.

Stay active—at least 30 minutes of moderate to brisk exercise most days of the week.

Maintain a social support network of family, friends, or colleagues. This helps defuse stress —a risk factor for heart disease.

Exercise your brain. Learn new things, take courses, do puzzles, or play word or math games.

Source: Alzheimer's Association, Massachusetts Chapter. For more information on Alzheimer's: 1-800-272-3900.

Magnesium and Diabetes

People with the highest magnesium intake from food and multivitamins (373 mg daily for women, 457 mg for men) were almost 30 per cent less likely to develop type 2 diabetes than those with the lowest magnesium intakes.

Magnesium is found in many foods, but it is especially abundant in dairy products, fish, meat, seafood, bananas, nuts, apples, apricots, whole grains, peas, and beans.

Source: Diabetes Care, Vol. 27, Pg. 134

Obesity and Breast Cancer

Older women who are obese have a much higher than average risk of breast cancer.

That's because their fat cells release too much of the estrogen called estradiol.

Estimates are that 40 per cent of U.S. women are now obese (a body mass index of 30 or more).

Of course, obesity is also a risk factor for diabetes and heart disease and heart disease kills more than 500,000 American women each year. Breast cancer kills about 40,000 Americans a year.

Source: Journal of the National Cancer Institute, Vol. 95, Pg. 1218

Estrogen and Depression

Despite all the recent bad news about estrogen replacement therapy, results of a small study suggest that it may help women who suffer from depression during menopause.

Those who were already postmenopausal did not seem to be helped as much as the women who were still going through menopause.

The women in the study used an estradiol patch.

Source: American Journal of Psychiatry, Vol. 160, Pg. 1519

Sauerkraut

Cabbage is one of the cruciferous vegetables that can combat cancer.

But what about sauerkraut - cabbage that's been fermented? Are the anti-cancer compounds preserved in the fermentation process?

Finnish researchers discovered that fermentation not only preserves the cancer-protective flavonoids, but also creates additional cancerfighting compounds.

If sauerkraut isn't on your list of favorite foods, try adding a little grated apple before you warm it up. The apple sweetens and tones down sauerkraut's pungent flavor.

Note: Sauerkraut is high in sodium. Make dietary adjustments accordingly.

Source: Environmental Nutrition, Vol. 27, No.3

Women and Lung Cancer

Four out of every 10 Americans who die from smoking are women—a proportion that has more than doubled since 1965.

Today more women die of lung cancer than of breast cancer.

Source: National Center for Health Statistics

Blood Pressure and Weight

If you have high blood pressure and are overweight, losing even a few pounds may be all you have to do to bring your blood pressure numbers down.

Prolonged high blood pressure damages arteries. It also causes the heart to work harder, which eventually causes the heart to enlarge. An enlarged heart can lead to heart failure.

Source: Amuican Journal of Hypertension, August 2003

Exercise and Breast Cancer

Excess weight can mean excess estrogen in postmenopausal women. Researchers theorize this may be one reason why breast cancer is a bigger risk for older overweight women.

But if you can shed some of those pounds, both estrogen levels and breast cancer risk drop, say researchers. One way to drop some of that weight is to get more exercise.

In one study, women were assigned either a stretching exercise routine or about three hours a week of moderate aerobic exercise.

The aerobic group who lost about 2 per cent of their body fat after 12 months of exercising,—had lower estrogen levels. This decline was due primarily to weight loss, say researchers.

Estrogen levels increased slightly in the stretching group.

Source: Cancer Research, Vol. 64, Pg. 2923

Sacrifice

"The ultimate test of man's conscience may be his willingness to sacrifice something today for future generations whose words of thanks will not be heard."

- Gaylord Nelson

Mattresses: How Firm?

A firm mattress may not be the best thing for a sore back, say researchers. In one recent study, people who slept on medium mattresses were twice as likely to report an improvement in their back pain as people using firm ones.

Researchers speculate that a firm mattress doesn't contour enough to our bodies, while a soft mattress flexes too much—making a medium mattress just right for most people.

Source: Lancet, Vol. 362, Pg. 1599

Sharp Mind

Participating in intellectually challenging leisure-time activities - such as reading or enrolling in classes—helps improve the middle-aged mind, say researchers.

Middle-aged people who take part in more social activities or who participate in stimulating intellectual pursuits tend to have sharper minds than people who pursue more solitary or brain-passive activities, such as gardening or puttering around the house.

This supports the "use it or lose it" theory, which proposes that the more active we keep our minds as we age, the sharper we'll stay.

Source: Journal of Epidemiology and Community Health, Vol. 57, Pg. 907

Helping Others

People who offer love, listening, and help to others may be rewarded with better mental health themselves.

In other words, by helping others, you can help yourself, say researchers.

Source: Psychosomatic Medicine, Vol. 65, Pg. 778

Stroke and Exercise

Highly active people are 25 per cent to 64 per cent less likely to have a stoke or die compared with people who are inactive.

Source: Stroke, Vol. 34, Pg. 2475

Cancer Survivors

Exercise can make anyone feel better. It can also make a big difference - both physically and mentally - for people who have cancer or who have survived it.

When a group of 53 cancer survivors exercised 35 minutes (moderate to high intensity) three times a week, they noticed less fatigue, less anxiety, and greater happiness.

They also saw improvements in self-esteem, functional well-being, and physical fitness.

The exercisers' immune systems also got stronger, and a factor that can promote tumor growth actually decreased.

Researchers aren't going so far as to say that exercise can prevent the recurrence of cancer, but it may: More research is needed to know for sure.

Sources: Kerry Courneya, PhD, director, Behavioral Medicine and Fitness Center, University of Alberta, Canada; American Institute for Cancer Research

New Cholesterol numbers

People at moderate to high risk for heart attack or stroke—because of multiple risk factors like diabetes, high blood pressure, overweight, or smoking—should aim for an LDL cholesterol level of 100 or lower, say new government guidelines.

For people at "very high" risk of heart problems—meaning they already have heart disease plus diabetes or other risk factors—the recommendations suggest an LDL as low as 70.

Previously, the recommendation was to keep LDL below 130. That's still the recommendation for healthy people.

For many people, lowering LDL numbers to 100 or less may require taking statin drugs.

Source: National Institutes of Health

Vial of Life: A Popular Project

The Vial of Life provides emergency medical personnel with vital and perhaps life-saving medical information about you if they are called to your home and find you unconscious or very ill.

The vial is a small plastic container. It contains a specially designed form on which you record medical information such as your name, medical history, allergies, medications, blood type, and a contact person. The vial is kept inside your fridge and a Vial of Life magnet is placed on the outside of your fridge to alert emergency personnel to your vial.

Thanks to the efforts of local sponsors, the Vial of Life kits are now available free of charge in many communities. **To find out who to contact** in your area, call the Senior Citizens' Secretariat at 1-800-670-0065.

What You Should Know About Your Medicines.

Dr. Susan Bowles, Centre for Health Care of the Elderly, Capital District Health Authority

Since the 1950's many new medicines have been introduced that have provided us with important health-related benefits. For example, vaccines for polio and diphtheria have essentially eliminated these diseases in North America. The discovery of antibiotics allows many potentially fatal bacterial infections to be cured. Other medicines control symptoms of chronic disease and can prevent complications related to these diseases. Lowering high blood pressure with medications is a good example, as this can reduce the risk of stroke or heart attack.

There is no question that medicines, when used properly, can improve quality of life. However, just as medications can provide

great benefit, they can also cause harm when they are used inappropriately. Seniors, in particular, are at risk of developing certain problems from their medications. But when some simple steps are taken, problems related to medications can ideally be prevented or resolved when they do occur.

There are a number of reasons why seniors may experience more problems with their medications. The most important of these is that seniors use more medicines than any other single group, being estimated to be between 20 to 30 percent of all prescriptions. Taking more medicines makes the medication-taking process more complicated. Regardless of age, the more pills we have to take, the easier it is to make a mistake. In addition, taking more medicines increases the risk of one drug not mixing well with another one. Problems can occur not only with prescription medicines, but also with those you can buy without a prescription, including some vitamins and herbal medications. Non-prescription medicines that can cause particular problems for seniors are over-the-counter sleeping pills, some cough and cold products, and over-the-counter pain medicines.

The best way to get the most benefit from your medicines while avoiding problems is to follow a few simple steps:

- Be familiar with the names of all your medicines and why you are taking them.
- Understand how to take your medicines. It is important to know how often to take each medicine, when to take it, any foods or beverages you should avoid, and how to properly store your medicines.
- If you take more than five pills per day, ask your pharmacist about using a special pillbox called a dosette or having your medicines blister packed. These systems organize all your pills at the time you need to take them.
- Ask your doctor and pharmacist about potential side-effects and which ones you should report to them.
- Don't take any non-prescription medicine (including vitamins and herbals) without first speaking to your pharmacist. They can check to make sure that it does not interfere with any of your prescription medicines.
- Keep a Medication Passport that contains a list of all of your medications. Ask your pharmacist to keep it up to date for you each time you have a prescription filled. They can also add any non-prescription medicines that you are taking regularly to the Medication Passport. Some people like to carry their Medication Passports with them at all times, so if they ever are in a situation where they need medical attention and can't speak for themselves, those caring for them will know what medications they are taking.
- Tell all members of your health care team (doctor, dentist, nurse and pharmacist) what medicines you are taking. Keeping an up-to-date Medication Passport can make this much easier if you take it to all your health care appointments.

Knowledge is the best medicine

One of the objectives of the Senior Citizens' Secretariat is to improve the health and quality of lives of seniors living in Nova Scotia. The Nova Scotia Medication Awareness Committee — a committee established by the Secretariat — has developed a number of projects to encourage the appropriate use of medications. The first of these projects is the *Knowledge is the best medicine* brochure.

This brochure provides helpful hints to improve

your knowledge about the medications you take. It identifies information you should seek from doctors, pharmacists and nurses. It will help you understand what you can do to maintain and improve your health.

A *Medication Record* booklet is also included for you to record important personal medical information. You can list all of your medicines, what they are for and when they should be taken.

The *Knowledge is the best medicine* brochure is also available *en français*. Complementary copies can be obtained from your pharmacist or by calling the Rx&D order desk toll free at 1-800-363-0203.

If you have questions about this program or other programs and services for seniors, call the Nova Scotia Senior Citizens' Secretariat at 1-800-670-0065.

LIFELONG LEARNING

Check out your local public library!

Nova Scotia has a network of 77 public libraries, as well as mobile library service. Books by Mail is available in some parts of the province, a service which allows you to order books and have them mailed to your home. No matter where you live around the province, you are never far from a public library. And library cards are available free to all Nova Scotians.

Most people think of books when they think of the library, and no matter what your interest, Nova Scotia public libraries have everything ranging from board books for toddlers to graphic novels and comics for teens, from romance books to travel books, from books on health to books supporting lifelong learning. Many people prefer books with larger print, so ask about your library's large print collection. If the book you want is not available at your local library, they can borrow it for you from another library.

And these days you can borrow video tapes, DVDs, CDs, and audio books on both tape and CD from public libraries. All public libraries in Nova Scotia offer free high speed Internet access. Courses on basic computer skills for seniors, such as using email or surfing the web, are offered in many libraries. And in some locations high speed wireless access is available.

The Internet has made it possible to offer library services outside the library building. By visiting your library's web site it is possible to find out what materials the library owns, request a book, ask a reference question, or find out what programs are scheduled. Collections of thousands of online magazine articles are available to anyone with a library card through your library's web site.

Public libraries support literacy through a variety of programs. Research shows that reading to children at a very young age encourages reading skills, so many public libraries offer parent-child or grandparent-grandchild reading and play programs. Public libraries are partners with hospitals in the Read to me program. Literacy tutoring for adults is also offered in some locations.

If you or a family member has a print disability, whether due to a visual disability, a physical disability that makes handling a book impossible, or a learning disability, public libraries offer talking books. Ask for details at your local branch.

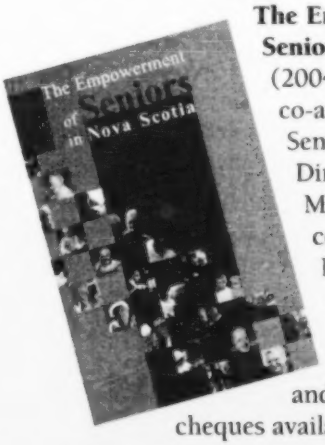
A wide variety of programs for both children and adults are offered at your public library. Many libraries offer services and special programs for seniors. Ask your local library what they can offer you.

To find the public library nearest you, go to http://publiclibraries.ns.ca, and click on your community on the map, or look in the Municipal Government section of your telephone book, under "Libraries".

Old Is In: A guide for aging boomers by Eric Nicol, published by Dundurn Press,

2004. Softcover, 159 pages. $16.99

Even if you think there's nothing funny about aging, you can't help but laugh when you read this book. Author Eric Nicol is totally qualified to have some fun with the subject — he's approaching his 90s and has won three Stephen Leacock awards for humour writing. (Perhaps this will win him a fourth!) With topic headings ranging from "Duds for the Doddery" and "Par for the Intercourse" to "How to Addle a Nest Egg," he doesn't leave an issue or attitude about aging left unturned.



The Empowerment of Seniors in Nova Scotia (2004), co-authored by former Senior Citizens' Secretariat, Director, Dr. Fred R. MacKinnon and his colleague Robert G. Haley is available through the Senior Citizens' Secretariat for $10 (including taxes and shipping). Make cheques available to the Secretariat.

Senior's Cafe: held the last Monday of every month from Sept.-June. in the New Glasgow Library. The cafe is open to all seniors and features library services, computer training, music, refreshments and speakers talking about issues relevant to seniors. The library is closed to the public during these events and is open only to those attending the Cafe. Call 752-8233 for moredetails or check the library web site. Pictou Library Seniors Café held the third Monday of each month 10am to 12 noon. Call 485-5021. Pictou- Antigonish Regional Library <www.parl.ns.ca>

MONEY MATTERS

Benefits for Low-Income Seniors

The Old Age Security (OAS) pension provides a basic minimum income for more than 96 percent of Canadian seniors. It is available to almost every senior in Canada who is 65 or older and has lived in Canada for a minimum of 10 years after turning 18.

The **Guaranteed Income Supplement**, the **Allowance**, and the **Allowance for the Survivor** also fall under the OAS program umbrella. These benefits are available to OAS pensioners with low incomes.

Social Development Canada determines GIS eligibility through the applicant's income (for the previous year) or, in the case of a couple, their combined income. (Note: An applicant's OAS pension amount is *not* included in this assessment of income.) After an applicant's GIS application is approved, the GIS is added to his or her OAS pension payment each month.

The Allowance provides extra income to spouses or common-law partners of seniors who receive the Guaranteed Income Supplement. The Allowance for the survivor does the same for low-income widowed spouses or common-law partners. For either benefit, the spouse or common-law partner must be between 60 and 64 years of age and meet the income requirements.

Unlike the OAS pension, the GIS, Allowance, or Allowance for the survivor benefits must be renewed every year. A benefit is renewed by filing a tax return by April 30, 2005 and continuing to meet income requirements. Those who do not file a tax return must fill out a renewal form *(see contact information below)*.

Social Development Canada continues to promote the GIS, the Allowance, and the Allowance for the survivor among

low-income seniors. All seniors who believe they may be eligible are encouraged to apply. Even seniors who had previously applied, but were turned down, may be eligible now if their incomes have dropped or their circumstances have changed.

If an applicant is late in applying for the GIS, the Allowance, or the Allowance for the survivor, he or she may receive retroactive benefits for a maximum of 11 months, plus the month of application.

You must apply to receive any benefits.

To find out more about Old Age Security programs, visit www.sdc.gc.ca or call Social Development Canada free of charge:
1-800-277-9914 English
1-800-277-9915 French
TTY: 1-800-255-4786

The Importance of Filing a Tax Return

Are you a senior with little or no income? Do you plan to file a tax return?

If not, it may be that your spouse recently passed away and the two of you had always filed a joint return. Or, you might have stopped working and have no other income other than your monthly combined Old Age Security (OAS) and Guaranteed Income Supplement (GIS) benefit.

Even if you have little or no income, it is important to file a tax return.

Why should you file a return?

You may be able to receive quarterly GST/HST rebates from the Canada Revenue Agency (CRA).

You can renew your Guaranteed Income Supplement, Allowance, or Allowance for the survivor benefits if you file your return by April 30 and continue to meet the income requirements. If you do not file by April 30, you will have to renew your GIS by completing an application form.

You may be eligible to receive other benefits from your provincial or territorial government.

You can update your voter registration using your address on the return.

Do you need help filling out your return?

The Community Volunteer Income Tax Program of the Canada Revenue Agency provides a free service to low-income Canadians for filling out tax returns.
If you have any questions about your return, contact the CRA at 1 800 959-8281 or visit www.cra.gc.ca.

The Internet is an easy-access highway to your finances

By Kimberly Williams

You've always wanted to go on a month-long holiday to the Caribbean. Finally, you've made the travel arrangements, bought lots of sunscreen and plenty of film for your camera. Yet, there's one thing that worries you: What about all the bills that will be due for payment while you're gone?

Well, there's an easy way to keep track of your finances without going to the bank. All the major Canadian banks are now set up to help you do your banking online. The only prerequisites are that you have a computer with Internet access at your disposal and a regular account with your financial institution. Then you simply visit their Web site and sign on.

Internet banking is easy and convenient. You can pay bills (even post-date payments), transfer funds and view an up-to-date statement—all from your own home, a family or friend's computer, library computers, a hotel, Internet cafe or even on an airplane.

Although some people might still be a little hesitant about banking online, the Royal Bank's research shows that over 74 per cent of people

over the age of 60 are using the Internet daily —and are the largest age group banking online. If you're interested in how it works, most banks have in-branch tutorials and online demos. This way you get a chance to preview the service and ask the necessary questions before signing up. There are no extra fees to do Internet banking.

Internet banking may not be for everyone, but it's definitely a great option for the avid traveller or for those who can't get out to a branch. For information visit your bank's web site.

Source: Adapted from Good Times, January 2005

The Age Advantage

Today people are living longer, healthier lives, and as a result, many prefer to work past the usual retirement age of 55 to 65. With predicted labour shortages in some industries, the opportunity for these mature worker to find meaningful and rewarding employment is a distinct possibility! The Age Advantage Program has been designed to assist the older worker who is in transition, either between jobs, or searching for work after early retirement. It is jointly funded by the Skills Development and Training Division of the Nova Scotia Department of Education and Human Resources and Skills Development Canada .

Older workers are essential to today's workplace. Changing demographics and predictions of labour market shortages in certain industries may provide the opportunity for older workers to work longer. Compared to the past, where the labour intensive nature of work did not encourage longevity, the present knowledge economy can take advantage of older workers who have valuable skills and experience to offer.

The Age Advantage is a transition program for older workers between the ages of 55 to 64. It has been designed to help displaced and unemployed older workers navigate the life/work transitions necessary to enable them to discover satisfying income earning activities for this stage of their lives.

From January until July 2005 many of the Career Resource Centres across the province will have an Older Worker Client Navigator available to assist older workers with their employment and career goals. The program is designed to do the following: rebuild confidence and self-esteem, teach an entrepreneurial approach to job search or self-employment, create a positive view of aging, work through late life or retirement careers, and present older workers with tools and strategies to get them back to work.

A few of the services available will include:

- One-on-one support through the transition process
- Access to the services and resources of the Career Resource Centres
- Workshops and information sessions on topics pertinent to the older worker
- Referrals to other community resources and services which can help
- The opportunity to connect, communicate and collaborate with business leaders and innovators

For more information on the Age Advantage Program please contact:

CarrieLynn Wall
Career & Employment Facilitator
Job Junction
6955 Mumford Road
Halifax, Nova Scotia
(902) 444-3084
carrie@jobjunction.ca

RESEARCH FINDINGS

Preventing Falls Among Seniors

Falls are common among older people. They can result in surgeries, like hip replacements, hospitalization, and a reduction in general confidence and mobility. They are the leading cause of injury-related death and hospitalization in Nova Scotia.

In addition to the trauma for the individuals and their families, the economic impact of fall-related injuries is substantial and has a considerable effect on emergency room usage since many falls lead seniors to seek out the nearest emergency room.

Doug Sinclair is the Head and Clinical Chief of the Department of Emergency Medicine at Dalhousie University and the Queen Elizabeth II Health Sciences Centre. Falls are not new to him, and he began this study to see if it is possible to reduce the number of subsequent falls among seniors through education and home visits. **For more information, contact** doug.sinclair@dal.ca.

How helpful are anti-dementia drugs?

Do Alzheimer's patients really benefit from the new medications that are available for this devastating degenerative neurological disease? Answering this question is not as simple as it might seem. On the one hand, there are dozens of clinical trials now that show that people who on drugs do better than people on placebo. But the drugs are not cures, so how is it that at least some people find treatment to be successful?One way to think about this question is by the metaphor of going on a journey. At first, the idea was as if patients would travel from one place, where their memory was not impaired, to another place, where they had dementia. The first idea was the drugs might return patients from where dementia was to where they started. Clearly, that doesn't happen. So another idea—still the mostcommon metaphor—is that patients would go from normal to dementia, but they would go there more slowly. It turns out though, that a better way to think about treatment is that patients go from normal to a new place, which is different from untreated dementia. For many patients, this is a good place to be, suggesting that the drugs offer clinically meaningful effects—that they're present significant improvements in the lives of patients.Most of the studies that have taken this approach—of having patents and caregivers set goals for treatment, and that understanding whether those goals have been met—have been led from the Geriatric Medicine Research Unit at Dalhousie University. As a result, the Research Unit now has a large body of information about which goals are set, and met, most often. It now plans todevelop this into an interactive website, where people can see for themselves whether treatment is working for them or their loved ones. People interested in visiting the website can be automatically notified when it comes on line by contact fays@dal.ca.

For more information, contact:
Kenneth Rockwood,
Geriatric Medicine Research Unit,
Dalhousie University & Capital Health,
Halifax (Kenneth.Rockwood@dal.ca)

Offering the Help that's Needed: Rural Responses to the Mistreatment and Neglect of Older People

In 2001, four million Canadians—13 percent of the population—were 65 or older. By 2026, eight million—21 percent of the population—will be in this age group. This aging population makes Dr. Joan Harbison's research in social work practice and health service delivery, health and aging, ageism, and the mistreatment of older people especially relevant to individuals and all levels of government.

Dr. Harbison led researchers in a two-year study exploring the extent to which professionals and volunteers offer and deliver assistance to mistreated and neglected older people in Nova Scotia. Patterns of helping have emerged from the analysis which suggests a number of clear implications for policy development and service delivery to these hard-to-reach, vulnerable people.

Help is being offered through many remarkably dynamic but informal networks of services, involving a wide range of professionals and volunteers, which in many instances successfully reaches out to meet the needs perceived by mistreated older people themselves. The flexibility that comes with this diversity in service options, and the collaborative relationships among individuals within them, is a key component of success in providing help. These efforts are enhanced by a strong commitment to provide assistance that is acceptable to the older person involved.

For more information, contact:
Dr. Joan Harbison,
Maritime School of Social Work
Dalhousie University.
Phone: (902) 494-1348 or
e-mail: Joan.Harbison@Dal.ca

Marijuana Tested for Glaucoma Relief

There is a great deal of controversy about the use of marijuana to relieve the painful symptoms of glaucoma, chiefly the increased eye pressure (IOP) associated with the most common forms of the disease. Glaucoma, a group of eye diseases, damages the optic nerve causes and gradually causes blindness. Often there are no discernable symptoms.

The benefits of marijuana (tetrahydrocannabinol) in relieving this pressure needs to be further explored using a variety of methods other than smoking: the most controversial and the most subject to abuse.

More more information, contact:
Orlando Hung,
Department of Pharmacology,
Dalhousie University.
Phone: 902-494-2493
Email: orlando.hung@dal.ca

The Effects of a Home-Based Strength Training Program on Independence and Immune Function of Older Nova Scotians

The mere mention of "endurance training" and "strength/resistance training" conjures up images of someone bench-pressing 100 kilograms or preparing for Hawaii's grueling Iron Man Triathlon. But moderate intensity strength and endurance exercise training also contributes to healthy aging. Endurance training is important for cardiovascular and heart health while strength/resistance training helps maintain and increase muscle mass and strength and is the most important type of

exercise for older individuals. Moderate-intensity strength/resistance training can easily be designed to benefit older people. And it seems that it's almost never too late to start.

Dr. René J.L. Murphy and his colleagues at the Centre of Lifestyle Studies at Acadia University study a variety of behaviors that can improve health. Their recently completed research revealed that a year of home-based strength training for older individuals increased muscle strength and mass, improved mobility, and had a positive impact on the ability to perform activities of daily living. In addition, the home-based training programs improved the immune function of participants, suggesting that this type of exercise could be an effective prevention tool. The regular exercise program also reduced the risk of heart attacks by reducing such things as "bad cholesterol" or LDL (low-density lipoprotein), which sticks to blood vessel walls.

The results of the training program clearly indicate that an inexpensive exercise program monitored by kinesiologists can reduce cardiovascular risk factors and significantly improve muscle strength, immune function, and independence of older people. Such programs could be an effective strategy to reduce the health care costs associated with an aging population.

For more information, contact:
René J.L. Murphy, Associate Professor,
School of Recreation Management and
Kinesiology, Acadia University.
Phone: 902-585-1559
E-mail:rene.murphy@acadiau.ca

Glaucoma: New Diagnostic and Treatment Approaches

Glaucoma is the second leading cause of blindness in Canadians over the age of 50. It is a group of eye diseases that damages the optic nerve and gradually causes blindness. Often there are no discernable symptoms.

Dr. Marcelo Nicolela is investigating the role of vasospasm in glaucoma. Vasospasm is an unusual constriction in the blood vessels. His research team has hypothesized that in some individuals endothelin-1, a substance released by the endothelial cells of the blood vessels, can cause vasospasm. They theorize that use of a calcium channel blocker, commonly used to treat problems with the heart and circulatory system including high blood pressure, might inhibit the adverse effects caused by vasospasm in glaucoma. Dr. Nicolela's research may prove calcium channel blockers, such as Nimodipine, are a suitable therapy for glaucoma patients who might have progressive disease despite adequate pressure control.

Patients with glaucoma had a mean increase of 33 percent in endothelin-1 in their blood after a specific test called a cold provocation test, which was not observed in the control group. After this cooling test, no change in blood flow to the eyes was observed in either group. Patients with glaucoma with evidence of vasospasm in their fingers were found to have a higher chance of showing reversible deterioration of their visual field after cooling. This evidence supported a significant role of vasospasm in glaucoma.

Dr. Nicolela is currently investigating the possible beneficial effects of two currently used topical medications on blood flow in patients who have abnormally high levels of endothelin-1 after cold provocation. In the future, he foresees the use of endothelin-1 receptor blockers as an added therapy for some glaucoma patients.

Contact information:
Marcelo T. Nicolela,
Department of Ophthalmology,
Dalhousie University
Phone: 902-473-3622

THUMBS DOWN!

Canada is Experiencing an unprecedented rise in age related blindness, driven by the country's aging population. And yet the Government of Canada has failed to prepare for this crisis by providing sufficient health-care funding and support for those with vision loss.

A newly released, hard-hitting report targeting Canada's vision-loss crisis lists 10 major barriers that exist in preventing, diagnosing, treating and supporting vision loss in Canada. *A Clear Vision: Solutions to Canada's Vision Loss Crisis* presents the findings of worldwide experts who participated in a landmark symposium, "The Cost of Blindness: What It Means to Canadians," held earlier this year in Toronto.

The report identifies barriers such as poor public awareness about age-related eye diseases and risk factors, a lack of Canadian research, patient backlog for treatment, and insufficient access to vision health services and assistive devices programs.

But the report also includes hope for change. "We want to work with Canada's government leaders to put vision health on the local, provincial and national agendas," says Gerrard Grace, Chair of AMD Alliance International. "We now have a road map to help shape and guide future policy for healthcare funding and support for those with vision loss."

"The Cost of Blindness" symposium was hosted by the CNIB, in partnership with Canada's leading vision health organizations.

For more information about *A Clear Vision*, contact CIBC at 1-800-513-7813.

Source: Abilities, Winter 2004

UPCOMING EVENTS

Information Sessions for Older Drivers About Car Insurance and Keeping Senior Drivers Mobile and Safe

The Seniors' Safe Driving Committee of the Nova Scotia Senior Citizens' Secretariat has developed a pilot program within Halifax Regional Municipality to assist seniors in understanding the following:

- The insurance you are required to have in Nova Scotia when owning/operating a motor vehicle
- An explanation of the different types of insurance coverages
- Approved courses available to help older drivers protect their driving privileges by refreshing their driving knowledge
- A question and answer session to make sure you have all the insurance and safe driving information you need

Panelists: Joan Lay, Moderator (member of Safe Driving Committee and President, Canadian Pensioners Concerned); Ernie Pass (member of Safe Driving Committee, retired Director and Deputy Registrar of Motor Vehicles, Province of N.S.) and Betty Josey (member of Safe Driving Committee, consultant with forty years of experience in the automobile and home insurance industry).

If your group or organization is interested in hosting one of these sessions, please contact Stephen Coyle at 424-4735 or coylesm@gov.ns.ca

Federation of Senior Citizens' and Pensioners Convention

Will be held May 4–6 at the Howard Johnson Motel (formerly Keddy's) in Truro. Details from your Zone Rep.

Creative Expression, Communication and Dementia

The First International Conference on Creative Expression, Communication and Dementia 2005, will take place at the University of British Columbia on May 6 and 7, 2005 with new information regarding the program, accepted abstracts, presenters and venue. For more details, please see the conference website: www.creativityanddementia2005.com

The 2005 Alzheimer Provincial Conference

Will be hosted in partnership with the Dementia Network of Cape Breton County on October 17 and 18th at the new Membertou Trade and Convention Centre, in Sydney, Cape Breton. The focus of this year's conference is to highlight recent advances in medical and psycho social research, along with being an opportunity to share best practice initiatives that are making a difference in the lives of people with dementia and their families. For further questions, please call Linda Bird at 422-7961 or 1-800-611-6345 or e-mail educate@alzheimer.ns.ca.

Nova Scotia Government Retired Employees Association AGM

Will be held September 26th at the Holiday Inn, Wyse Road, Dartmouth.

Canadian Association on Gerontology 2005 (CAG)

Navigating Aging

CAG '05 • HALIFAX NOVA SCOTIA
OCTOBER 20 – 23 2005

Ciad Mille Failte

(A Hundred Thousand Welcomes)

Plan now to attend this years conference in Halifax October 20th - 23rd . Our theme for 2005 is, ***Adjusting the Sails to meet the Winds of Change - Naviguer l'âge d'or***
"We cannot direct the wind, but we can adjust the sail"- anonymous

National and International speakers, exciting and innovative Pre-Conference workshops and a ***Nova Scotia "Ceilidh"***
(pronounced "Kay-lee")

Fresh lobsters, all you can eat mussels, etc. Alternative choice for the non-lobster lovers.

Toe-tapping Downeast music!!!

June 10–11

at Exhibition Park.

Army Boots and Salutes

Remember the times! Remember the tunes! Join Norm Armadio's Band with its big band sound with singers and dancers in a light hearted yet nostalgic look at a time in our history that knew sadness yet sparked great pride in our armed forces who served during WW II.

A Tribute to The Andrew Sisters

The songs of the war era produced some of the best music of the century and is still enjoying wide spread popularity today. Norm Armadio, pianist and bandleader of CBC fame for 35 years, leads his band in tribute to the great bandleaders of the era with the top instrumentals of Glenn Miller, Tommy Dorsey, Benny Goodman and Harry James amongst others. Norm has selected tunes that were not only hits but highlights the artistry of the musicians and the style of each bandleader.

Tom Leadbeater, Cape Breton tenor, Marie Gogo, Juno award singer and Bonny Craig sing Vera Lynn's memorable war tunes like 'White Cliffs of Dover', 'We'll Meet Again' , 'You'll Never Know Just How Much I Love You' and 'P.S. I Love You'.

The Andrews Sisters: No show of this type would be complete without their # 1 hits like 'Don't Sit Under the Apple Tree' and 'Bei Mir Bist Du Schoen'.

Then there were the upbeat war songs, the silly songs, and the tongue twisting songs, the jive or the exuberant jitterbug. Nor can we forget the stylistic singers such as Marlene Deitrich, Carmen Miranda or the kooky Spike Jones band!

You can't see them all in one show, but they will be presented during their two-day visit at the 50+ expo.

Please join us and help celebrate the 'Year of the Veteran' with a Musical Tribute.

Third Annual 50+ Star Search Talent Contest

This contest is open to amateur performers over the age of 50. There are two divisions — Group and Single — and four categories in each division — Instrumental, Vocal, Dance and Other (magicians, comedians, etc.). A maximum of eight entrants will be accepted per category. The top two contestants will have a maximum of five minutes to perform on stage with a PA system, microphones, tape deck and CD changer will be provided.

First and second place prizes will be awarded in each category and one Grand Prize of $2500 cash will be awarded to the most original performance.

Registration is $15.00. Call 429-5808 or toll free 1-800-670-0065 for a registration form.

Enter by April 15, 2005!

Visit our website at www.50plusexpo.ns.ca

REFLECTIONS

What if God Used Voicemail?

Most of us have learned to live with "voicemail" as a now necessary part of our daily lives. But, have you ever wondered what it would be like if God decided to install voicemail?

Imagine praying and hearing the following:

"Press 1 for requests ...

"Press 2 for thanksgivings ...

"Press 3 for complaints ...

"Press 4 for all other inquiries ...

"I am sorry, all our Angels and Saints are busy helping other sinners at the moment. However, your call is important to us and we will answer it in the order in which it was received. Please stay on the line."

If you would like to speak to:

"God, press 1 ...

"Jesus, press 2 ...

"Holy spirit, press 3 ...

"If you would like to hear King David sing a psalm, press 4 ...

"To find a loved one who has been assigned to Heaven, press 5, then enter his or her Social Security number, followed by the pound key. (If you get a negative response, please hang up and try area code 666) ...

"For reservations in Heaven, please enter J_O_H_N followed by the numbers 316...

"For answers to nagging questions about dinosaurs, the age of the earth, life on other planets, or the present location of Noah's Ark, please wait until you arrive here."

"Our computers show that you have already prayed today. Please hang up and try again tomorrow. This office is now closed for the weekend to observe a religious holiday. Please pray again on Monday.

"If you are calling after hours for emergency assistance, please contact your local pastor or priest."

"If you are frustrated, impatient and bursting at the seams, don't press any number... Just hang up."

Source: Anne Lindgren, Camrose, Alberta

"It's not what you lose but what you have left and what you do with it."

Programs for
Seniors
2005

16th Edition

This 136-page directory features information about active living, health care, transportation, housing, finances, legal matters, and more.

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